



TRAIL TRIALS CLINIC



SATURDAY, MARCH 25, 2023
10:00AM - 2:00PM
JAMESTOWN, CA

→ **\$50** ←

Audit: \$25



A CSHA Trail Trial is approximately a 3-5 hour trail ride with 8-10 judged obstacles along the way. Obstacles can be natural landscape like creek crossings, uphill, downhill, gates, stepovers, bridges, etc. This is not an arena event!



STEPOVERS



WATER CROSSING



BRIDGES



DOWNHILL

Looking for new challenges for you and your horse?
Looking for a way to establish a trusting relationship for you and your horse?
Give Trail Trials a try!

THIS CLINIC IS DESIGNED FOR THOSE NEW TO THE SPORT.

CLINIC TO COVER:

- How obstacles are judged
- How rules apply to obstacles
- How you can improve your obstacle scores
- Improving your performance with your horse as a team
- Scoring you as your horse negotiates the course
- Ask all your questions!

DIRECTIONS to Horses of Warriors Arena

From Eastbound Hwy 108 towards Sonora: As you are coming into Jamestown, turn right onto Main Street. Take your first right onto Donovan Street, then take your first right onto Seco Street. Drive 1/2 mile and turn right into the parking area for Horses Of Warriors Arena.

From Westbound Hwy 108 from Sonora: Stay on Hwy 108 through Jamestown and turn left onto Main Street at the Kwik Serve. Take your first right onto Donovan Street, then take your first right onto Seco Street. Drive 1/2 mile and turn right into the parking area for Horses Of Warriors Arena.

FOR MORE INFORMATION:

Victor (209) 605-3905 or Jennifer (209)743-4890

If weather or ground conditions are questionable, call the day before!

www.trailtrials.com



RAFFLE!



Region 4
 Trail Trials Clinic
 Horse of Warriors Arena
 Jamestown, CA
 March 25, 2023



Trail Trials Clinic

Please pre-register by March 25, 2023

Rider: _____ Horse: _____

Address: _____

Phone: _____ Email: _____

Emergency contact: _____

Are you a CSHA Member: _____

Region: _____

Clinic Rider:

| | | |
|--|----------|----------|
| Horse and Rider | \$ 50.00 | \$ _____ |
| Auditor, no horse | \$ 25.00 | \$ _____ |
| \$10.00/Night Camping bring your own portable corrals. | \$ 10.00 | _____ |

Camping fee covers both Clinic and TT on March 26th.

Total Enclosed \$ _____

Junior riders 17 and under MUST wear a helmet and be accompanied by a responsible adult.

Name of responsible adult _____

If weather and/or ground conditions (parking in a dirt field) are questionable, call the day before.

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*Make checks payable to CSHA
 Mail to: Kacie Powell
 17130 Monte Grande Drive
 Soulsbyville, CA 95372*

*Questions: Victor Pedroza: 209-605-3905
 Jennifer Armitage: 209-743-4890*



California State Horsemen's Association, Incorporated
RELEASE OF LIABILITY

PARTICIPANT: _____ PHONE/Cell# _____

ADDRESS: _____

CITY: _____ ZIP: _____ STATE: _____

I acknowledge I am attending and/ or participating in an event which carries inherent risks of injury and/or damage to myself, my horse, and/ or my property. I knowingly assume all risks, whether known or unknown of these activities.

I hereby agree I will indemnify and hold harmless **California State Horsemen's Association, Incorporated, and Horses of Warriors** or any of its agents and the land and business owners/controllers on whose property I participate from all liability for any act of negligence or want of ordinary care on the part of **CSHA, Inc., and Horses of Warriors** or any of its agents; to include actual attorney fees arising from any proceedings or lawsuits brought by or prosecuted on my behalf.

In consideration of my participation in events organized or sponsored by **CSHA, Inc, and Horses of Warriors**

I waive, release and discharge, their directors, officers, agents, and members, their representatives, heirs, executors and assigns from any and all claims of liability for injury or damage to myself, my animals, or my property arising out of my participation; this is binding upon my executors, heirs and assigns.

() I acknowledge that I have read this Release of Liability; know and understand its contents and the rules and requirements for CSHA events.

() I, the undersigned parent or guardian of the above participant in consideration of my minor's attendance/ participation in the event, agree that the terms and conditions of this Release of Liability and understand the rules and requirements for CSHA events. This shall be binding as to damage or injury the my minor, his/her animals or property arising out of his/her attendance/ participation in events.

NAME: _____ TELEPHONE: () _____

ADDRESS: _____ CITY _____ ZIP _____

Signature: _____ Date: _____